

STATEMENT OF ECONOMIC INTERESTS

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COVER PAGE
FAIR POLITICAL PRACTICES COMMISSION
CITY CLERK
CITY OF PICO RIVERA

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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
RAPISARDA CONTRERAS BARBARA

1. Office, Agency, or Court

Agency Name

CITY OF PICO RIVERA-CITY COUNCIL

Division, Board, Department, District, if applicable

Your Position

COUNCIL MEMBER

► If filing for multiple positions, list below or on an attachment.

Agency: GATEWAY CITIES

Position: ALTERNATE BOARD MEMBER

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge (Statewide Jurisdiction)

☒ Multi-County LOS ANGELES

☐ County of

☐ City of

☐ Other

3. Type of Statement (Check at least one box)

☐ Annual: The period covered is January 1, 2010, through December 31, 2010.

☐ Leaving Office: Date Left ____/____/____
(Check one)

-or-

The period covered is 4 / 13 / 10, through December 31, 2010.

☐ The period covered is January 1, 2010, through the date of leaving office.

☐ Assuming Office: Date ____/____/____

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate: Election Year _____ Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: -11-

☒ Schedule A-1 - Investments - schedule attached

☒ Schedule C - Income, Loans, & Business Positions - schedule attached

☒ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☒ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

herein and in any attached schedules is true and complete. I acknowledge this is

I certify under penalty of perjury under the laws of the State of California that

Date Signed 3/25/11

(month, day, year)

Signature

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name (d)(5)

BARBARA C RAPISARDA

NAME OF BUSINESS ENTITY
Bank of America

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Bank

FAIR MARKET VALUE
☐ \$2,000 - \$10,000
☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock
☐ Other (Describe) _____
☐ Partnership
☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
11/11/10 ACQUIRED 10 DISPOSED

NAME OF BUSINESS ENTITY
Energy Conversion Devices Inc.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Solar Panels Energy

FAIR MARKET VALUE
☐ \$2,000 - \$10,000
☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock
☐ Other (Describe) _____
☐ Partnership
☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
10/08/10 ACQUIRED 10 DISPOSED

NAME OF BUSINESS ENTITY
General Electric

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
General / Electrical

FAIR MARKET VALUE
☐ \$2,000 - \$10,000
☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock
☐ Other (Describe) _____
☐ Partnership
☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
11/10/10 ACQUIRED 10 DISPOSED

NAME OF BUSINESS ENTITY
Solar Co. Inc. Amer. Dep - LDK

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Energy - Solar

FAIR MARKET VALUE
☐ \$2,000 - \$10,000
☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock
☐ Other (Describe) _____
☐ Partnership
☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
10/07/10 ACQUIRED 10 DISPOSED

NAME OF BUSINESS ENTITY
Dry Ships Inc.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Drybulk Shipping

FAIR MARKET VALUE
☐ \$2,000 - \$10,000
☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock
☐ Other (Describe) _____
☐ Partnership
☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
10/27/10 ACQUIRED 10 DISPOSED

NAME OF BUSINESS ENTITY
JA Solar Holdings Co.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Solar Energy

FAIR MARKET VALUE
☐ \$2,000 - \$10,000
☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock
☐ Other (Describe) _____
☐ Partnership
☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
10/08/10 ACQUIRED 10 DISPOSED

Comments:

143

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

Name (d)(5)

BARBARA C RAPISARDA

NAME OF BUSINESS ENTITY
Hemispherx BioPharma, Inc

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Pharmaceutical

FAIR MARKET VALUE
☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/10 11/02/10
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
Alanco Technologies, Inc

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
High Tech. Electronics

FAIR MARKET VALUE
☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/10 11/01/10
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
Avis Budget Group, Inc

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Vehicle Rental

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/10 11/08/10
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
Xoma, Ltd.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Pharmaceutical

FAIR MARKET VALUE \$0 - \$2000 ✓
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/10 10/27/10
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
Trident Microsystems, Inc

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
High Tech. Electronics

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/10 10/27/10
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
Digital Angel Corp.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
High Tech Electronics

FAIR MARKET VALUE \$0 - \$2000 ✓ PCR
☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/10 10/27/10
 ACQUIRED DISPOSED

Comments:

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SCHEDULE A-1**Investments****Stocks, Bonds, and Other Interests**

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name (d)(5)

BARBARA C RAPISARDA

NAME OF BUSINESS ENTITY
Next Wave Wireless, Inc.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
High Tech-Electronics

FAIR MARKET VALUE
☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/10 ACQUIRED ____/____/10 DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/10 ACQUIRED ____/____/10 DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/10 ACQUIRED ____/____/10 DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/10 ACQUIRED ____/____/10 DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/10 ACQUIRED ____/____/10 DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/10 ACQUIRED ____/____/10 DISPOSED

Comments:

303

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name (d)(5) BARBARA C RAPISARDA

▶ 1. BUSINESS ENTITY OR TRUST

Thomas Rapisarda Co.
Name
9334 Wampler St, P.R., 90660
Address (Business Address Acceptable)

Check one
☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Creation of Inventions & Related Ideas

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
☐ \$2,000 - \$10,000
☒ \$10,001 - \$100,000 10 / 10 / 10
☐ \$100,001 - \$1,000,000 ACQUIRED DISPOSED
☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Sole Proprietorship ☐ Partnership ☐ Other
YOUR BUSINESS POSITION Owned by Spouse (Tom)

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ \$0 - \$499 ☐ \$10,001 - \$100,000
☐ \$500 - \$1,000 ☐ OVER \$100,000
☒ \$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000 10 / 10 / 10
☐ \$100,001 - \$1,000,000 ACQUIRED DISPOSED
☐ Over \$1,000,000

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold _____ ☐ Other _____
Yrs. remaining

☐ Check box if additional schedules reporting investments or real property are attached

Comments: _____

▶ 1. BUSINESS ENTITY OR TRUST

Name
Address (Business Address Acceptable)

Check one
☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000 10 / 10 / 10
☐ \$100,001 - \$1,000,000 ACQUIRED DISPOSED
☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Sole Proprietorship ☐ Partnership ☐ Other
YOUR BUSINESS POSITION _____

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ \$0 - \$499 ☐ \$10,001 - \$100,000
☐ \$500 - \$1,000 ☐ OVER \$100,000
☐ \$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000 10 / 10 / 10
☐ \$100,001 - \$1,000,000 ACQUIRED DISPOSED
☐ Over \$1,000,000

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold _____ ☐ Other _____
Yrs. remaining

☐ Check box if additional schedules reporting investments or real property are attached

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SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name (d)(5)

► STREET ADDRESS OR PRECISE LOCATION
9334 Wampler St.
CITY Pico Rivera, CA 90660

FAIR MARKET VALUE
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:
____/____/10 ____/____/10
ACQUIRED DISPOSED

NATURE OF INTEREST
☒ Ownership/Deed of Trust ☐ Easement
☐ Leasehold ☐ Other
Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

► STREET ADDRESS OR PRECISE LOCATION

CITY _____

FAIR MARKET VALUE
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:
____/____/10 ____/____/10
ACQUIRED DISPOSED

NATURE OF INTEREST
☐ Ownership/Deed of Trust ☐ Easement
☐ Leasehold ☐ Other
Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)
_____% ☐ None _____
HIGHEST BALANCE DURING REPORTING PERIOD
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000
☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)
_____% ☐ None _____
HIGHEST BALANCE DURING REPORTING PERIOD
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000
☐ Guarantor, if applicable

Comments: _____

SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700	
FAIR POLITICAL PRACTICES COMMISSION	
Name	(d)(5)
BARBARA C RAPISARDA	

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

El Rancho Unified School District

ADDRESS (Business Address Acceptable)

9333 Loch Lomond Dr., P.R., 90660

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Education

YOUR BUSINESS POSITION

Teacher

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

- ☒ Salary ☐ Spouse's or registered domestic partner's income
☐ Loan repayment ☐ Partnership

☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

Tom Rapisarda Co (Thomas)

ADDRESS (Business Address Acceptable)

9334 Wampler St., P.R., 90660

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Creative Inventions-Sleep Systems

YOUR BUSINESS POSITION

Spouse's Business

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☒ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

- ☐ Salary ☒ Spouse's or registered domestic partner's income
☐ Loan repayment ☐ Partnership

☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000
☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000
☐ OVER \$100,000

INTEREST RATE

_____ % ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

- ☐ None ☐ Personal residence

☐ Real Property _____
Street address

_____ City

☐ Guarantor _____

☐ Other _____
(Describe)

Comments: _____

polofl.

SCHEDULE D
Income – Gifts

CALIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

Name

(d)(5)

► NAME OF SOURCE

Leonardo Lopez

ADDRESS (Business Address Acceptable)

Sports Arena, Pico Rivera, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Concert

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5/30/10	\$ 300. ⁰⁰	Promo 3 (Tickets) Performances
5/30/10	\$ 30. ⁰⁰	VIP-Parking
5/30/10	\$ 54. ⁰⁰	Food/Beverages

► NAME OF SOURCE

Bill Kalpakoff

ADDRESS (Business Address Acceptable)

Cal Met Services, Paramount, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Tour of Facility

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
9/25/10	\$ 15. ⁰⁰	Work Vest-Used
9/25/10	\$ -5. ⁰⁰	Goggles (Safety)
9/25/10	\$ 1. ⁰⁰	Recycle Bag (Tote)

► NAME OF SOURCE

Bill Kalpakoff

ADDRESS (Business Address Acceptable)

Cal-Met, Paramount, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Contract Cities

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5/1/10	\$ 20. ⁰⁰	Snack Tray
5/1/10	\$ 20. ⁰⁰	Snack Tray
1/1/10	\$	

► NAME OF SOURCE

Bill Kalpakoff

ADDRESS (Business Address Acceptable)

Cal Met Services, Paramount, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Tour of Facility

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
9/25/10	\$ 3. ⁰⁰	Hand Squeezers (2)
9/25/10	\$ 5. ⁰⁰	Trash-shredded cords
1/1/10	\$	

► NAME OF SOURCE

Bill Kalpakoff

ADDRESS (Business Address Acceptable)

Cal-Met Srv., Paramount, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Tour of Facility

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
9/25/10	\$ 20. ⁰⁰	Promo. Frisbees
9/25/10	\$ 20. ⁰⁰	Trash-7 cords
9/25/10	\$ 20. ⁰⁰	Trash-shredded copper

► NAME OF SOURCE

Mayor - Victoria Amparo L. Aguirre

ADDRESS (Business Address Acceptable)

City Hall - San Luis Potosi, MX

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Sister City Visitation

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
8/25/10	\$ 50. ⁰⁰	Shawl
8/25/10	\$ 5. ⁰⁰	lapel pin
8/25/10	\$ 5. ⁰⁰	book of postcards

Comments:



specify pages to print

FPPC Form 700 (2010/2011) Sch. D
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

8-10-11

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name (d)(5)

(d)(5)

NAME OF SOURCE
Bill Hernandez & Co
ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Holiday Season
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
12 / 10 \$ 150.⁰⁰ Christmas Basket
____ / ____ / ____ \$ _____
____ / ____ / ____ \$ _____

Comments: _____

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700	
FAIR POLITICAL PRACTICES COMMISSION	
Name	(d)(5)
(d)(5)	

NAME OF SOURCE
ICA-Indep. Cities Assoc

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

NAME OF SOURCE
Jack Hadjinian

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE
ICA-Independ cities assoc.

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>7,09,10</u>	<u>\$ 150.⁰⁰</u>	<u>Champagne</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

NAME OF SOURCE
Arnold Glasman Alvarez

ADDRESS (Business Address Acceptable)
Bischoche's Restaurant

BUSINESS ACTIVITY, IF ANY, OF SOURCE
ICA-Indep. Cities Assoc

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>7,08,10</u>	<u>\$ 50.⁰⁰</u>	<u>Dinner</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

NAME OF SOURCE
ICA-Independ. cities assoc.

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE
ICA- Pres. & Cabinet

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>7,08,10</u>	<u>\$ 50.⁰⁰</u>	<u>Guest Basket</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

NAME OF SOURCE
Jack Hadjinian

ADDRESS (Business Address Acceptable)
Bischocho's Restaurant

BUSINESS ACTIVITY, IF ANY, OF SOURCE
ICA-Indep. Cities Assoc.

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>7,09,10</u>	<u>\$ 50.⁰⁰</u>	<u>Dinner</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

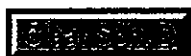
NAME OF SOURCE
Jack Hadjinian

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Family Church Sponsorship

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9,25,10</u>	<u>\$ 20.⁰⁰</u>	<u>Dinner</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

Comments: _____



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SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700	
FAIR POLITICAL PRACTICES COMMISSION	
Name	(d)(5)
(d)(5)	(d)(5)

► NAME OF SOURCE
Mayor-Victoria Amparo L. Aguirre

ADDRESS (Business Address Acceptable)
City Hall - San Luis Potosi, MX

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Sister City - Visitation

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
8/25/10	\$10.00	Historic City Book
	\$	
	\$	

► NAME OF SOURCE
Bill Kalpakoff

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Contract Cities (CA)

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5/13/10	\$50.00	Dinner
	\$	
	\$	

► NAME OF SOURCE
Toni Molinari

ADDRESS (Business Address Acceptable)
Montebello, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
ICA - Indep. Cities Assoc.

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7/20/10	\$20.00	Porcelain Thermo 8Fl oz
	\$	
	\$	

► NAME OF SOURCE
Arnold Glasman

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE
CA Contract Cities

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5/14/10	\$40.00	Dinner
	\$	
	\$	

► NAME OF SOURCE
TELACU

ADDRESS (Business Address Acceptable)
5400 E. Olympic Blvd., LA, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
East Los Angeles Christmas Unit

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/ /10	\$20.00	CD-songs
	\$	
	\$	

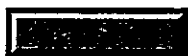
► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

Comments: _____



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